

Our Lady of Mt. Carmel Regional School
Registration Form 2020-2021
Preschool

Student Name: (last) _____ (first) _____ Male/Female
Date of Birth _____ PK3 ___ PK4 ___
Full Day _____ Half Day _____ Days Attending (circle) M T W TH F
Home Phone: _____
Address: _____ Town: _____ Zip: _____

Mother/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Father/Guardian _____ Cell # _____

Address: _____

Employer: _____ Business # _____

Email _____

Maternal Grandparents: _____ Phone _____

Address: _____

Email _____

Paternal Grandparents: _____ Phone _____

Address: _____

Email _____

Any special medical needs: _____

Family Physician _____ Phone: _____

Person(s) to notify in case of an emergency when unable to contact the parent/guardian:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Religious Affiliation: _____ Current Parish: _____

Sacraments Received:

Baptism: Date _____ Parish: _____

Please list any family members who are alumni of OLMC:

Referred to OLMC by: _____

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____